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Bib Data Sheet

CONFIRMATION NO. 3699

SERIAL NUMBER 09/313,289	FILING DATE 05/13/1999 RULE	CLASS	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 09943/007001	
APPLICANTS MUHAMMAD ZIAULLAH KHAN CHISHTI, SUNNYVALE, CA; HUAFENG WEN, REDWOOD SHORES, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/10/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 2
ADDRESS JAMES M. HESLIN, ESQ. TOWNSEND & TOWNSEND AND CREW LLP TWO EMBARCADERO CENTER, 8TH FLOOR SAN FRANCISCO, CA 94111-3834					
TITLE TOOTH PATH TREATMENT PLAN					
FILING FEE RECEIVED 733	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				
				<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/313,289	FILING DATE 05/13/99	CLASS 433	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. 09945/007001
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APPLICANT

MUHAMMAD ZIAULLAH KHAN CHISHTI, SUNNYVALE, CA; HUAFENG WEN,
REDWOOD SHORES, CA.

CONTINUING DOMESTIC DATA***
VERIFIED *None*

Jm

371 (NAT'L STAGE) DATA***
VERIFIED *None*

Jm

FOREIGN APPLICATIONS***
VERIFIED *None*

Jm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/10/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 5/50	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>Jm</i> Examiner's Initials		Initials			

ADDRESS

HANS R TROESCH
FISH & RICHARDSON PC
2200 SAND HILL ROAD
SUITE 100
MENLO PARK CA 94025

TITLE

TOOTH PATH TREATMENT PLAN

FILING FEE RECEIVED \$733	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> Total Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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